The Biloxi Breeze

Summer 2016

A Publication of the Gulf Coast Blind Rehabilitation Center
Gulf Coast Veterans Health Care System

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Mission Statement

The mission of Blind Rehabilitation is to provide instruction to Veterans and military personnel who are blind or visually impaired. The goal is to promote independence, self-care, and improve the overall quality of life.

Produced By

The Biloxi Breeze is a publication of the Gulf Coast Blind Rehabilitation Center (GCBRC).

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Gulf Coast Blind Rehabilitation Center:

Vision Statement

To help Veterans and their families live more fulfilled and productive lives by providing the best rehabilitation experience possible. Veterans receive world-class rehabilitation with access to the latest technology and proven techniques for living with vision loss, surrounded by highly trained licensed and certified staff in a state-of-the-art program.

Values

Integrity, Commitment, Advocacy, Respect, Excellence

Characteristics: "I Aced It"

Integrated, Attentive, Compassionate, Encouraging, Diligent, Independent, Trustworthy

Message from the Chief

I don't know about you, but I can hardly believe that 2016 is more than halfway over. We have been very busy here at the Gulf Coast Blind Rehabilitation Center (GCBRC) with a steady flow of Veterans coming for training.

In August, I will be attending the National Blind Rehabilitation Conference which takes place alongside the BVA conference in Wisconsin. It will be great to meet with the other Blind Rehabilitation Center chiefs, as well as our National Director, Gale Watson, and other VA Central Office staff, VIST Coordinators and Blind Rehabilitation Specialists. I am also looking forward to seeing any of our alumni that are there for the BVA conference. Our own Robin Sniffen will be presenting on Access Technology, and I will be talking about our CATs and Dogs program.

As you read our newsletter, know that we are thinking of you and hoping you are doing well.

Take good care of yourself, and keep in touch.

Debra Gilley, M.Ed., COMS, CLVT
Chief, Gulf Coast Blind Rehabilitation Center

MEET OUR STAFF

Staff Updates

2016 has kept us busy with interns here at the GCBRC. We currently have four interns; two in the Vision Skills Department and two in the Orientation and Mobility Department. All four interns hail from the University of Pittsburgh. This is our first year to have an affiliation with this university.

Casey and Angie were first with us in the Orientation and Mobility Department and completed a full internship under David Burke's guidance. They asked to stay onboard and complete a second internship in Low Vision, and we were able to accommodate them on pretty short notice which was exciting for all of us. They started in June for their second round and we are thrilled to have them back.

Janessa and Katie came to us the end of May for an internship in Orientation and Mobility. They will be with us until mid-August and are doing a fabulous job so far.

Featured Staff: Scott Turner VIST Coordinator

How did I become a VIST Coordinator? My story is one of "things happen for a reason." Well, it probably starts with being born the son of a legally blind Veteran. While my father did not seek VA services until after I was already a VIST Coordinator, I am sure that witnessing his struggles as I grew up planted some seeds that surely serve me in my position today. I could probably write a book about him, but, since this is about me, let's move along.

Let's skip ahead to the late 1980s. I was a newly widowed

young man and single parent of an infant daughter. I was working towards completing social work graduate studies at Louisiana State University (Geaux Tigers). Due to my circumstances at the time, having my field placement assignment in my hometown of Alexandria, La., certainly made a tough situation much more manageable. The only available field placement in my home community was at the Alexandria VA Medical Center, and I was lucky to secure this position.

While the idea had never even occurred to me before, it was during this time that I developed an interest in working with Veterans. VA had a hiring freeze when I finished school, and I ended up working at a community mental health center which gave me the perfect background for my first VA position.

A couple of years later, I accepted a position at the Pensacola VA Outpatient Clinic where I have spent the last 25 plus years. I was initially assigned to the Mental Hygiene Department where I managed mental health services for a caseload of Veterans suffering with conditions ranging from anxiety to severe schizophrenia.

Soon after starting my work, I made an observation that I had a handful of Veterans who were visually impaired and experiencing varying degrees of depression. It seemed that a support group might in be in order, so I decided to bring this idea to my supervisor who just happened to be the clinic's part-time VIST Coordinator. I envisioned him picking up the ball and running with it, but, instead, he complimented me on my insight as he handed me the ball and a list of Veterans to contact and invite to our first meeting. We would go on to cosponsor this visual impairment support group.

After maybe a year or two (again, this was 20 plus years ago), I was asked to take over the part-time VIST Coordinator position. This was about 1992. I enjoyed working with blind Veterans and developed a strong belief in the VA's Blind Rehabilitation Program.

While serving visually impaired Veterans, I also served in a variety of other social work roles including primary care social work, community nursing home program, POW protocols and Social and Industrial Surveys, and the spinal cord injury program. I continued to work with visually impaired Veterans until shortly after Biloxi filled their first full time VIST Coordinator position in about 2000 (again, I could be off a year or so). I went on to accept a position as the Homeless Veteran Coordinator where I remained for several years until my current position as full-time VIST coordinator became available. I feel that I have been blessed to have a position that allows me to work with so many fine Veterans and be part of such a shining star as the VA system's Blind Rehabilitation Service.

Manual Skills Update

Nancy Shampo, M.Ed., COMS,
TVI Manual Skills Supervisor
Deanna Morehead, M.Ed., COMS
Manual Skills Specialist

Time sure flies! It seems like yesterday we were cleaning out the garden and preparing for spring planting. Now summer is in full swing, and the Veterans have harvested new potatoes and are waiting for the tomatoes to ripen.

We have been busy in Manual Skills with Veterans making bird houses and a plethora of leather crafts projects from shopping bags to iPhone, iPad cases and general purpose bags. It seems we have a run on certain projects for a while then it swings to something else. For example, I cannot begin to count how many Last Supper copper

tooling pieces have been completed. The Veterans keep the volunteers busy getting the wood cut for the picture frames. The Veterans really enjoy doing them, not to mention the therapeutic value they lend.

The Manual Skills Department is getting very excited! In late July we will welcome our new employee, Dan Snyder. He hails from Minnesota; however, he grew up on the Gulf Coast and is an Occupational Therapist and a Low Vision Therapist. Dan will be a real asset to our program.

We wish all of you a safe, productive and fun-filled summer.

Windows 10 Anniversary Update

Tim Sniffen, CATIS
Computer Access Training Specialist

Some of our computer students over the last year have been introduced to Windows 10 and its built-in screen reader called Narrator. If you are currently running Windows 10, a major update will arrive at the end of July or early August. While many of the improvements are incremental or behind the scenes, you will find Cortana more capable and, especially important for our users, there are significant improvements in Narrator, Mail and Microsoft's new browser, called Edge.

Up until this time, we would recommend our students use Internet Explorer for browsing and reading email on either a web-based email page or Microsoft Outlook because they worked better with Narrator and other screen readers. With the coming of Windows 10 Anniversary Update, both Mail and Edge work well with Narrator and should work well with your chosen screen reader as well. I have been running the Insider update version of Windows 10 and have had the chance to work with the new Narrator and updated browser

and email client. I have found them to work much better. There is still room for improvements, and I hope they will follow.

We are still not recommending you update to Windows 10 on your own, especially if you're using Zoomtext or JAWS, because you will need to obtain updates to these programs. The updates are not free, and you will need to go through your local VIST Coordinator/BROS team or go to the Blind Rehabilitation Center to obtain them if you do not wish to pay for them yourself. Another reason to forego the Windows 10 update on your own is the chance that something could go wrong during the update process which would leave you stranded.

Lastly, just this week AiSquared, the makers of Zoomtext, announced that their company has been bought by a company named VFO, which also just bought Freedom Scientific, the maker of JAWS and other products the VA issues. For now, at least, the product lines will remain separate, and you will not notice any differences.

The following paragraphs are excerpts on forthcoming improvements to Narrator from a web post from Microsoft available at: https://blogs.msdn.microsoft.com/accessibility/2016/05/09/further-details-on-the-coming-improvements-to-narrator-in-windows-10/

The following blog post was written by Kelly Ford. He is Senior Program Manager on the Windows Accessibility team.

We recently blogged about some improvements to Narrator in Windows 10. Now that some of those changes are available to Windows Insiders, we wanted to provide you with specifics on using some of the updated features in Narrator. These changes are currently best experienced in Windows Insider

Preview Build 14328 or newer. Some of the updated features we will cover include:

- Scan Mode
- Verbose modes
- Punctuation modes
- Faster text to speech Voices
- AutoSuggest Announcements

Scan Mode

We've introduced a new navigation mode to Narrator called Scan mode. When this mode is on, you can use the UP and DOWN ARROW keys to move through applications and web content. Scan Mode is turned on with a press of CAPS LOCK and SPACE. While you are in Scan mode you can press SPACE to activate an item of interest, such as following a link on a Web page or pressing a button in an app. Scan Mode is turned off with another press of CAPS LOCK+SPACE.

Scan Mode is also intended to make navigating tables easier and supports common keys found in other screen readers for table navigation. Use CTRL+ALT and ARROW KEYS when in a table to navigate by cells in a row or column.

Scan Mode has several additional hotkeys, as seen in the table below, that you can use to move through applications and content as well.

Key	Description
CAPS LOCK+SPACE	Toggle Scan Mode
SPACE	Activate the item with focus in Scan Mode
ENTER	Do a secondary action on the item with focus when supported
H	Move to the next heading
SHIFT+H	Move to the previous heading

ALT+DOWN ARROW	Move to the next heading
ALT+UP ARROW	Move to the previous heading
P	Move to the next paragraph
SHIFT+P	Move to the previous paragraph
CTRL+DOWN ARROW	Move to the next paragraph
CTRL+UP ARROW	Move to the previous paragraph
K	Move to the next link
SHIFT+K	Move to the previous link
D	Next landmark
SHIFT+D	Previous landmark
T	Move to next table
SHIFT+T	Move to previous table
CTRL+ALT+LEFT ARROW	Move left a cell in a table
CTRL+ALT+RIGHT ARROW	Move right a cell in a table
CTRL+ALT+DOWN ARROW	Move down a cell in a table
CTRL+ALT+UP ARROW	Move up a cell in a table

Faster Text to Speech

We've added three new voices to Narrator that offer a much faster top rate of speech. Our current voices average a maximum of roughly 400 words per minute. The three new voices average nearly twice that at approximately 800 words per minute. You can select one of these new voices by pressing ALT+TAB when Narrator is running and then choosing voice settings. Select either David Mobile, Zira Mobile or Mark Mobile voices to get these faster speech rates. As a reminder, CAPS LOCK+(PLUS) increases Narrator's speaking rate and CAPS LOCK+(MINUS) decreases the rate of speech.

AutoSuggest Announcements

Many applications in Windows 10 offer what we call AutoSuggestions as you enter information. For example, when you start entering a search term in the Cortana search box you will get suggestions based on what you are entering. With Narrator you will now get a verbal hint with an audio indication when these suggestions are available. Use CAPS LOCK+DOWN ARROW on the keyboard or a flick down if you are using touch to change to the list of suggestions. Use CAPS LOCK+RIGHT and LEFT ARROWS on a keyboard, or flicks right and left, to move through the list of suggestions. Use CAPS LOCK+ENTER or a double tap to pick the suggestion you want. You can alternatively use the DOWN ARROW to move through suggestions and simply press ENTER to select the one you want to use.

What's Ahead for Apple?

Tim Sniffen, CATIS
Computer Access Training Specialist

Apple held their Worldwide Developers Conference the week of June 13 and announced

several key improvements to their software.

First, Siri is coming to the Mac. It will reside on the dock and on the menu bar and allow the same kind of interaction iPhone and iPad users are accustomed to and more. You can ask Siri to find pictures of something on the Web, and it will show you a grid of pictures. You can drag a picture right into a document you are writing. You can ask Siri to find and open files.

There are many significant changes coming to the iPhone and iPad. A lot of these are catch-up features to match Android pace-for-pace. I believe the following will have the greatest impact on our users.

- Apple is opening Siri up to app developers to extend its capabilities. Right now, Siri can send emails or texts, make appointments or reminders through Apple's own applications on iOS. But when it comes to third-party applications such as the Pandora music player, the Bible app, CamFind, KNFB Reader and so on, all Siri can do is open them. Starting next fall, the developers of these apps can enable Siri to do much more: play a song in Pandora, look up a Bible passage perhaps, scan and read a document with a simple Siri voice command.
- Voicemail will provide automatic transcriptions so you can have VoiceOver read the message rather than fumbling with the play and speaker mode buttons.
- The keyboard will use Siri technology to better predict what you are typing.
- Image recognition will be built into the operating system and available anywhere there is a picture on screen. This will certainly show up first in Apple's photo and Messages apps, but other apps can take advantage of it as well.

Chromebooks

Tim Sniffen, CATIS
Computer Access Training Specialist

The Computer Access Technology team at the Gulf Coast Blind Rehabilitation Center has added Chromebooks to the list of items we consider when choosing best options for our Veterans.

What are Chromebooks?

Chromebooks are simple laptop computers that run a very small, swift and easy operating system from Google called ChromeOS instead of the usual Microsoft Windows. They are made by all the same manufacturers that also make Windows computers – HP, Dell, Acer, Lenovo, ASUS – and come in different sizes up to 23-inch, all-in-one desktops. Essentially, all they are is an internet browser, but they now offer all the services found on traditional Windows or Macintosh computers. Starting this fall they will also offer the full suite of Android mobile applications, roughly two million applications in all.

Chromebooks are the fastest growing segment in notebooks in America – actually the only growing segment – and have moved into second place in computer sales ahead of Apple's Macintosh brand. Chromebooks are the number one selling laptop in schools in America. Some would say that the reason for the growth is their low cost, but Windows computers are just as inexpensive to purchase. The real reasons for their growth are their simplicity, security and reliability. They boot in under ten seconds to an Internet browser window. If you have ever used a Web browser, you have essentially already used a Chromebook. A Chromebook is just the browser, without the rest of Windows, so to speak. There is less to go wrong, and if anything does go wrong, there is a "Power Wash" button that resets the device to its factory

settings in under a minute. Then, all you have to do is log back on with your Google username and password and everything is restored.

When Chromebooks first came out four years ago, the hardware was cheap, the screens were not very good, and internet-based word processing, spreadsheets, and so on were not very reliable; all that has changed. The screens on the laptops we issue are 15-inch, 1080p IPS units. New touchscreen laptops and desktops are coming to market to match the boom in sales, and we will evaluate them as they become available this year.

We are beginning to issue them because of their simplicity and their lack of hardware and software issues.

Accessibility

Chromebooks have a built-in magnifier much like Windows Magnifier or Macintosh Zoom. It does not get as big as Zoomtext can, nor is enlarged text as sharply focused as Zoomtext. But, because you are always in a browser window, you can always just zoom in on the Web page without using the magnifier to read content in large print.

There is also a built-in screen reader called ChromeVox that can do all the standard screen-reading things: read from here, jump to the next header or link or form control, and so on.

Productivity

Both Google and Microsoft have good word processors and other productivity applications available on line. Google's can be used offline as well.

Whom is the Chromebook for?

Avoid Chromebooks…

- If you are already successfully using Windows or Macintosh or iPad. There is no reason to switch to a Chromebook.
- If you require high magnification and don't like to rely on a screen reader.

Windows with Zoomtext remains your best bet.

- If you need to use a computer on the job. Then, of course, we will teach you the system software you will use on the job, most likely, Windows.
- If you need to use speech input for command and control. Chromebooks offer dictation in the Google Docs word processor, but not everywhere across the system. Look at iPad or Macintosh if you need full command and control by voice.
- If you need your computer to scan and read documents. Chromebooks will not offer these features until Android apps become available this fall, and we have not had the opportunity to test their usefulness. If you use an EyePal or the KNFB reader on an iPhone product to scan and read, then perhaps the Chromebook might work for you for its other features.

Look at Chromebooks…

- If you are constantly getting stuck on your computer because it is just too complicated.
- If your computer is always crashing or getting viruses.
- If you can see the screen just fine at 3x or lower magnification
- If you rely solely on a screen reader but want a simple one.

I have been using a 15-inch Chromebook as my primary computer for over a year now and am delighted with it. Although I have both a Windows and a Macintosh desktop system, I find I rarely use them at home.

Healthier Whole Wheat Apple Pie

Tiffany Moore, MA, CVRT
Living Skills Specialist

No Sugar Added. It's great for people who are diabetics and people who are trying to maintain good, healthy eating habits.

Cook time: 40 mins

Ingredients

- Pie crust (2)
- 10 cups Granny Smith apples, peeled, thinly sliced
- 1 tablespoon lemon juice
- 1 teaspoon ground cinnamon
- 1/4 teaspoon nutmeg
- 1/4 teaspoon salt
- 1-1/2 tablespoons powdered stevia
- 2 tablespoons whole wheat pastry flour
- 1 egg white

Instructions

1. Pour 1 tablespoon of lemon juice over sliced apples and toss.
2. In a small bowl mix cinnamon, nutmeg, salt and stevia.
3. Toss over apples and carefully mix.
4. In a large Dutch oven or pot place 6 cups of the sliced apples and cook over medium heat until tender, about 10 minutes.
5. Remove from heat and stir in the rest of the sliced apples.
6. Add the whole wheat pastry flour to the apples and stir to combine.
7. Cool for 30 minutes.
8. Position rack on the lower third of oven and preheat to 425 degrees.
9. Add apples into prepared bottom pie crust and then cover apples with top crust. Brush top crust with egg white, sprinkle with cinnamon if desired, and bake 40 minutes or until browned.
10. Let rest 20 minutes before slicing.

Latest CBIs

Molly Mather, MA, COMS
Orientation & Mobility Specialist

The Community Based Instruction (CBI) fun hasn't stopped down here on the Gulf!

The GCBRC continues to host monthly CBI outings along the Gulf Coast to put skills and devices to work. In April, the GCBRC hosted a Fishing Derby here on our VA campus in the Back Bay of Biloxi; both current and graduated Veterans were welcome to participate along with their family and friends! Although we didn't hook any sharks, some of the Veterans caught some "reel catches" and enjoyed a fish fry for lunch.

May's CBI was luau-themed to recognize Asian Pacific American Heritage Month. Listening to lovely Hawaiian music and making leis with the breeze blowing off the Gulf of Mexico was a nice touch to the day. Veterans enjoyed fishing, walking the beach, a few rounds of corn hole, and capturing the moment with their iOS devices.

June's CBI included a trip to the G.I. Museum in Ocean Springs, Miss., where thousands of pieces of military and war memorabilia have been collected and displayed for the public. These items range from the First World War to the current conflict overseas. The museum even has the uniform worn by Forrest Gump from the movie Forrest Gump. It is an educational place and full of stories! The museum visit was followed by a picnic lunch at the Gulf Islands National Seashore Park and live music by Roger, a Veteran who has been volunteering his time by playing guitar and harmonica and singing for our Veterans at various times starting in June.

As Veterans explore and put their skills into action, we will continue to provide updates and stories from our latest CBI events.

Low Vision Tips

Susan Mitchell, M.Ed., CLVT
Low Vision Therapist

Effect of Stroke on Vision

Visual problems are common in people who have suffered a stroke. The damage the stroke does in the brain impacts the visual pathways of the eye which can result in visual field loss, blurry vision, double vision and moving images. When stroke affects the areas of the brain that process the information we see, it can cause 'visual neglect' (lack of awareness to one-half of the body or space) as well as difficulties with judging depth and movement. In a few cases, visual problems caused by stroke can improve on their own with time. Some of the vision problems that occur as a result of a stroke include loss of part of vision or loss of visual field. Visual field is the term used to describe the whole of our vision, from the center to the periphery (around the edges of our vision). It refers to everything we can see in the periphery, as well as what we are directly looking at (central vision). Strokes can cause whole sections of the visual field to be missing.

Other visual problems that may occur as a result of stroke include eye muscle and nerve problems which can result in double vision and moving images as well as other effects such as sensitivity to light. Some people may see some improvement in their vision up to four months following a stroke. Again, this is highly dependent on where the damage in the brain occurred as well as the type of stroke suffered and other existing health problems. Unfortunately for many people, especially those with loss of visual field, sight loss may be permanent.

Treatment

There are various techniques that can be tried to help or compensate for the various visual effects of stroke. These include glasses, prisms, patching, magnifiers and scanning information to name a few. The focus in working with individuals who have suffered a stroke is on rehabilitation. A Low Vision Specialist can assess and work with people on visual training both with and without optical aids.

Field Loss (Hemianopia or Hemianopsia)

This type of field loss refers to not being able to see to the left or right from the center of your field of vision.

People who suffer from a stroke on one side of the brain may develop field loss to the opposite side. The extent of field loss can vary and is directly related to the area of the brain that has been affected by the stroke. Often, people may lose half of their visual field, meaning they can only see with either the right or left half of each eye; this is called hemianopia. Hemianopia is a loss of one-half of the visual field. It can occur in the right half of each eye (called 'right homonymous hemianopia') or in the left visual field of each eye (referred to as 'left homonymous hemianopia').

The extent of vision loss can vary from slight to severe. Some people with hemianopia are aware that they are not able to see from a part of their field and can be taught scanning techniques (eye movement patterns) in the direction of the hemianopia in order to compensate. Reading can be a very frustrating experience for someone with hemianopia.

A person with right hemianopia tends to miss the ends of words or ends of the lines. Missing the ends of words can result in changing the meanings of words and sentences. Using a marker at the end of the sentence or a

post-it note to indicate where the end of the line is can be helpful for some individuals. A typoscope (a piece of card with a section cut out) can help.

People with left hemianopia have difficulty finding the beginning of the sentence and finding the next line of text. Once again, using a post-it note or ruler to mark the beginning of the text and the underneath text can be helpful. People may also benefit from tilting the text and reading it vertically.

Optical aids may be used to help increase a person's field of view and must be fitted by an eye care professional. These may be in the form of prisms which can be either temporary or permanent and applied on the affected side. A prism is a special, transparent, plastic sheet which can be customized to fit any pair of glasses. Prisms do not change the focus or prescription of the lens, but can shift an image either to the right, left, above or below, or diagonally, as needed. Initially, temporary prisms are applied to spectacles to ensure correct positioning and used during visual training. These prisms are stuck on the back surface of spectacles and can easily peel off if not required. Permanent prisms are mounted into the spectacle frame, into the lens itself. Training with prisms usually involves safety issues and scanning while the person is in a sitting or standing position and then progresses to walking. With the appropriate training, prisms can help people with field loss in all areas of daily living, including navigating around obstacles better while walking.

Other optical aids that may be used are small mirrors attached to spectacles (hemianopic spectacles) that can be adjusted by the wearer. Inverted telescopes, which require good central visual acuity, can increase visual field.

Eye Muscle and Nerve Problems

A stroke may lead to problems with eye movements which result in both eyes not working together as a pair. This can make it difficult to focus on specific things because of blurred vision as well as diplopia (or double vision) which impacts reading, walking and performing everyday activities. People may also experience problems with their fast (saccades) or slow (pursuit) eye movements, making it very difficult for the person to focus visually. In addition, their eyes may wobble (nystagmus) or they may not be able to move both eyes together in a particular direction (gaze palsy). However, recognizing these problems can help the person affected by stroke and their caretakers to understand what is going on.

Treatment can involve prisms, exercises and occlusion. Prisms can be useful for increasing the field of view as well as help eliminate double vision. Occluding or patching one eye is another effective solution for double vision. However, this method will result in the person having monocular vision or vision in one eye only. Monocular vision can cause its own problems such as reduced depth perception (judging how high a step is or how far away something is) and mobility issues due to reduced field of vision. Occlusion does not have to cover the entire lens. Sometimes covering only a part of the lens in the line of sight that is causing the double vision can be done. This form of patching will not result in the person being monocular, and, therefore, may not have as many problems with navigation and mobility.

Vision processing

Visual neglect is more common in people who suffered from a stroke in the right side of the brain which has affected the left side of the body. Unfortunately, a person with both visual field loss and visual neglect is less

likely to respond to scanning techniques or compensate for the defect. People suffering from visual neglect may ignore food on one-half of their plate, avoid shaving or applying make-up to one side of their face as well as being unaware of objects and people that are on the affected side, resulting in the person ignoring or bumping into objects that are on that side of them. Treatment for neglect can include prisms or occlusion, but most often people are advised on scanning and awareness strategies to cope with their visual neglect. Usually a person may be able to read text readily but be unable to make sense of the text. They may attribute this to not being able to see the text properly when it is actually due to not being able to process the information they have read.

Other Vision Problems Associated With Stroke

A common effect of stroke-related vision problems is an increased sensitivity to light. The brain seems to have difficulty adjusting to different levels of light. Tinted glasses or sunglasses may be helpful in reducing the discomfort some people experience

Another problem which can follow a stroke is dry eye. The rate of blinking may slow following a stroke and/or there may be incomplete eye closure with a partial blink which will cause a part of the cornea to dry resulting in the eye feeling uncomfortable. Artificial tears and reminding the person to try to blink completely and often may be possible solutions for dry eyes.

Just remember that patience and time are important factors when recovering from a stroke and learning new strategies.

Meaning of Mobility

David Burke, M.Ed., COMS
Orientation and Mobility Supervisor

What does Mobility mean to you? Take a second and think about it. What does it mean to you?

That was a question recently posed to a group of visually impaired Veterans. You may find your answer is similar to one of the following quotes:

- "Getting around by myself"
- "Being able to move around without an accident"
- "Keeping out of my wife's way and stop stomping on the cat's tail"
- "Learning a safety net"
- "Safety at crossing streets with heavy traffic"
- "Getting from point A to point B safely"
- "Independence and having fun with instructors and interns"
- "Independence, taking care of your necessities by yourself"
- "Being able to maneuver around without falling and stumbling and getting in anyone's way"
- "It enables me to go places, cross streets, traverse stairs and escalators without fear"
- "Having freedom of getting around in traffic intersections, crowds and letting others know I am there"
- "Freedom to travel"
- "It's a lifesaver"
- "Not having mobility means I'm not able to live a normal life; I'm restricted, unable to self-transport; besides, it is good exercise."

There are three common points in the comments above, all of which can add up to the normal life that the final Veteran talked emphasized. Those components are efficiency, safety and independence. Let's look at each of them.

Efficiency: Orientation and Mobility teaches Veterans how to look good while they are

walking around. No one wants to look awkward. We all want to travel as if we know what we are doing. You might say: “walking confidently.”

Safety: Orientation and Mobility teaches the skills to detect obstacles and hazards in order to avoid them, or in the case of stairs and curbs, the ability to negotiate them. This will enable Veterans to have the ability to traverse any environment and not have to worry about drop-offs or objects in their line of travel.

Independence: In Orientation and Mobility, this includes traveling on sidewalks, across intersections, being able to locate the destination of choice, and not feeling like a burden to others. The American culture places a high degree of value and importance on independence. Veterans set realistic goals to increase their independence, and Orientation and Mobility help to develop the skills to meet those goals.

Nursing: Zika Virus

Janette Burns, RN,
Nurse Manager

Zika virus is an emerging infectious disease in the Americas, primarily spread to people by the *Aedes* mosquito. There have been some cases of sexual transmission of the disease as well. There have been no cases of local mosquito transmission in the continental U.S., but it has been reported in the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and American Samoa.

People with Zika virus disease can have symptoms including mild fever, skin rash, conjunctivitis (pink eye), muscle and joint pain, malaise (a feeling of general discomfort or uneasiness), or headache. These symptoms normally last for two to seven days.

Protection against mosquito bites is a key measure to prevent Zika virus infection. This can be done by wearing clothes (preferably light-colored) that cover as much of the body as possible; using physical barriers

such as window screens or closing doors and windows; sleeping under mosquito nets; and using insect repellent containing DEET, IR3535 or icaridin according to the product label instructions.

Special attention and help should be given to people who may not be able to protect themselves adequately, such as young children, the sick or elderly. Travelers and people living in affected areas should take the basic precautions described above to protect themselves from mosquito bites.

It is important to cover, empty or clean potential mosquito breeding sites in and around houses such as buckets, drums, pots, gutters, and used tires. Communities should support local government efforts to reduce mosquitoes in their locality. Health authorities may also advise that spraying of insecticides be carried out.

Sexual transmission of Zika virus has been documented in several different countries. To reduce the risk of sexual transmission and potential pregnancy complications related to Zika virus infection, the sexual partners of pregnant women, living in or returning from areas where local transmission of Zika virus occurs, should practice safer sex (including using condoms) or abstain from sexual activity throughout the pregnancy.

People living in areas where local transmission of Zika virus occurs should also practice safer sex or abstain from sexual activity. In addition, people returning from areas where local transmission of Zika virus occurs should adopt safer sexual practices or abstain from sex for at least eight weeks after their return, even if they don't have symptoms. If men experience Zika virus symptoms, they should adopt safer sexual practices or consider abstinence for at least six months. Those planning a pregnancy should wait at least eight weeks before trying to conceive if no symptoms of Zika virus infection appear, or six months if one or both members of the couple are symptomatic.

Bone Up on Calcium

Jane Osowski, PhD, RD
GCBRC Dietitian

Do you remember being reminded to "drink your milk" to help keep your bones and teeth strong? While that was important to consume enough calcium in your growing years, it remains important at all ages.

Bones are living tissue and are in a constant state of change. Calcium gets deposited and withdrawn from your skeleton on a daily basis, much like money in the bank. This process is called remodeling. Calcium is withdrawn from your bones for different processes such as muscle contraction, your heartbeat, protecting against high blood pressure and cancer.

If not enough calcium is consumed, or it is not absorbed adequately, a void may be left where calcium was present, eventually causing bones to be porous and frail. To keep bones strong and reduce bone loss, consume foods containing calcium to build up a good supply of calcium.

Other nutrients help calcium build strong bones, including phosphorus and vitamin D. Phosphorus is an important part of the structure of bone. Vitamin D helps absorb and deposit calcium in bones and teeth.

Adequate exercise is also important in building and maintaining strong bones. Regular weight-bearing activities such as walking and lifting weights stimulate bone formation.

How much calcium should you consume each day? Adults up to age 50 should consume at least 1,000 mg per day. If you are older than 50 you should consume at least 1,200 mg per day. The best sources include milk and dairy foods such as yogurt and cheese. Additionally, some dark-green leafy vegetables (kale, broccoli, bok choy) and fish with edible bones

contain significant amounts of calcium. More companies are enhancing their products with calcium such as calcium-fortified soy milk, some brands of juice, and calcium-fortified cereal.

Eat a varied meal plan to ensure you consume adequate amount of calcium to maintain bone strength.

Chaplain's Thoughts

Chaplain W. Lance Hoggatt

We find ourselves in the heart, or is that heat, of summer with July. The Fourth of July is the very pinnacle of the month. I am reminded of what Erma Bombeck said, "You have to love a nation that celebrates its independence every July 4, not with a parade of guns, tanks, and soldiers who file by the White House in a show of strength and muscle, but with family picnics where kids throw Frisbees, the potato salad gets iffy, and the flies die from happiness. You may think you have overeaten, but it is patriotism."

However, Fourth of July is more than just another opportunity to go to the beach or to have a backyard cookout. The Fourth of July reminds all of us that as we celebrate our independence we have hope because of these words: "Life, Liberty and the pursuit of Happiness." More than just mere words, they are our Declaration of Independence and words to live by.

Several thousand years before these great words, the Psalmist reminded us, "Praise be to the Lord, my Rock, who trains my hands for war, my fingers for battle. He is my loving God and my fortress, my stronghold and my deliverer, my shield, in whom I take refuge." These are true words to reflect upon as we contemplate the month of July and our nation's celebration of freedom.

Chaplain Maj. Gen. Carver (retired) said of this Psalm, "There is something about hope, we think of those hope-filled stories of Soldiers in battle, who

do extraordinary things; they are able to do it because we walk and move out in hope. We have never had a greater need for hope than we do today in this world in which we live."

Where do you find hope in your life? Hope can be found in the men and women who serve in the military defending our nation's freedom, Veterans just like you. President Dwight D. Eisenhower said, "Freedom has its life in the hearts, the actions, the spirit of men and so it must be daily earned and refreshed – else like a flower cut from its life-giving roots, it will wither and die."

So, during these hot days of summer and backyard celebrations, keep hoping, and thank you for your service.

Admissions Coordinator/CATs

Michael "Andy" Amberson, M.Ed., COMS, CLVT
Admissions Coordinator/CATs Supervisor

The Admissions Office continues to process referrals to attend GCBRC in the hot summer of 2016. We currently have 25 approved and waiting to be scheduled. The wait time after the referral is accepted for admission is currently averaging 30 to 40 days. We have many Veterans showing interest in being evaluated for the OrCam which will take longer than 40 days before an admission may be offered. Our Computer Access Training (CAT) instructors are very popular; so the wait times to get into a CATs ONLY program is also a little longer. Be sure and check with your VIST Coordinator for status regarding your referral.

VIST Support Groups

Pensacola VIST Support Group

1 p.m. on the first Tuesday of each month. For additional information, contact Scott Turner, VIST Coordinator, at (850) 912-2552.

Biloxi, Miss., VIST Support Group

10 a.m. on the third Thursday of each month in the GCBRC Dining Room.

Mobile, Ala., VIST Support Group

10 a.m. on the second Wednesday of each month in the 6th floor group room. For additional information on the Biloxi and Mobile support groups, contact Susan Guillory, VIST Coordinator, at (228) 385-6762.

Know Your VIST Coordinator

The Visual Impairment Service Team Coordinators are your case managers for blind rehabilitation care and services and your first contact when you need to enroll or apply for a program. Whether it be your first admission to the BRC, a special program to meet unique needs or a refresher program, these representatives are important to your success. The following is the current updated list for the South Central VA Health Care Network VIST Coordinators.

VIST COORDINATOR	LOCATION
Adrienne Thompson (713) 791-1414 ext. 25398	Michael E. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030
Marcia Harris (713)791-1414 ext. 25327	Michael E. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030

Harold Miller (601) 364-1551	G.V. (Sonny) Montgomery VA Medical Center 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
Kara Aaron (501) 257-5070	John L. McClellan Memorial Veterans Hospital Central Arkansas Veterans Health Care System 4300 West 7th St. Little Rock, AR 72205-5484
Latrice Reaves 1-800-935-8387 ext. 7214 or 2671	Southeast Louisiana Veterans Health Care System 1515 Poydras St., Suite 650 New Orleans, LA 70112
Scott Turner (850) 912-2552 ext. 32552	Gulf Coast Veterans Health Care System 400 Veterans Ave. Biloxi, MS 39531
Susan Guillory (228) 385-6762	Gulf Coast Veterans Health Care System 400 Veterans Ave. Biloxi, MS 39531
Marilyn Murray (318) 473-0010 ext. 1+2047	Alexandria VA Medical Center P. O. Box 69004 Alexandria, LA 71306
Melanie Shurden (601) 362-4471 ext. 5078	G.V. (Sonny) Montgomery VAMC 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
Paula Ellington (479) 443-4301 ext. 65364	Fayetteville VAMC 1100 N. College Ave. Fayetteville, AR 72703
Broderick Burks (318) 990-4839	Overton Brooks VAMC 510 E. Stoner Ave. Shreveport, LA 71101

GCBRC Biloxi Breeze

Gulf Coast Veterans Health Care System
400 Veterans Ave. (124)

**FREE MATTER FOR
THE BLIND & PHYSICALLY
HANDICAPPED
POSTAL MANUAL
PART 135**